

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 27, 2016

Mr. Charles Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 12, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 4/12/16. The following are regulatory findings.	R100		
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.d. On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that upon admission all residents have a physician's statement that includes medical diagnoses for 2 of 4 residents reviewed (Resident #1, #4). Findings include: 1. Per record review, Resident #4 was readmitted to the home on 2/15/16, after being hospitalized for a fractured hip on 1/23/16, and recovering at a skilled nursing facility. There was no readmission statement from the physician that included a current diagnosis/problem list for Resident #4. There was also no prior record of a physician's statement for this resident that included a list of diagnoses in the medical record before the readmission. Per interview on 4/12/16 at 3:10 PM, the Registered Nurse confirmed that there was no physician's statement that included diagnoses for this resident.	R112	R112 POC accepted Raven Camps 5/26/16 Deficiency corrected. Records updated & all diagnosis listed to current date. Readmission statement obtained	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charles T. [Signature]

TITLE

Manager

(X6) DATE

5/26/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER

RIVERVIEW LIFE SKILLS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

187 HIGHLANDER DRIVE
JEFFERSONVILLE, VT 05464

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R112	Continued From page 1 2. Per record review, Resident #1 was admitted to the home on 1/20/16. Per review of the documentation, there was no statement from the resident's physician which included the medical diagnoses of the resident. Per interview on 4/12/16, at 1:35 PM, the home Manager confirmed along with the RN that there was no statement from the physician that included medical diagnoses.	R112	Deficiency corrected. Medical record updated + medical diagnosis listed to current date.	
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that there was a physician's statement of a supporting diagnosis or problem statement in the resident record before allowing unlicensed staff to administer medications to that resident for 4 of 5 residents sampled (Resident #2, #3, #4, and #5). Findings include: 1. Per record review of Resident #2, there was no diagnosis/problem list present in the chart to back up the medications administered to this resident by unlicensed staff. There is an order on the Medication Administration Record (MAR) that reads "Lorazepam 1 mg. tabs. 1/2 tablet - 2 half	R162	All residents records including medical diagnosis and problems listed accordingly for medications prescribed. RP will monitor that records of all residents will have a supporting diagnosis or problems for medications prescribed by MD. RP will monitor and oversee medications	

and form a plan of how to administer medications to residents as needed.

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R162	<p>Continued From page 2</p> <p>tabs (0.5 - 1 mg.) by mouth every 8 hours as needed". There is no indication for use listed, and there is a range of dosage with no parameters that would indicate which dose was appropriate to administer. Per interview on 4/12/16 at 1:45 PM, the Registered Nurse confirmed that this Lorazepam order was to treat seizures, not intended for anxiety issues, and that there was no diagnosis list present or physician order that indicated the intended use of the as needed medication, as well as a dosage range with no parameters indicated. There was also an order on the MAR of Resident #2 for "Saline Nasal Spray, 1-2 squirts in each nostril, 2-3 times daily". This order contained no information as to whether it was scheduled or PRN, and no indication for use, as well as a dosage and frequency range. This was also confirmed by the RN at 1:45 PM.</p> <p>2. Per record review of Resident #3, there was no diagnosis list present in the chart that would indicate a supporting diagnosis or problem list to correspond to any of the medications administered to the resident by unlicensed staff. Resident #3 had orders on the February 2016 MAR for "Lorazepam 0.5 mg tabs, 2 tabs (1 mg.) by mouth up to twice daily as needed for agitation". There is also an order for "Clonazepam 1 mg. tabs, 1 Tab (1 mg.) by mouth twice daily as needed". There are no indications present in the record to direct staff as to when it would be appropriate to give this medication. On 4/12/16 at 2:00 PM, the Registered Nurse confirmed that there was no diagnosis/problem list in the record that would support the medications administered to Resident #3.</p> <p>3. Per record review, Resident #4 was readmitted to the home on 2/15/16, after being hospitalized</p>	R162	<p>RP will communicate with PCP to receive ^{new} orders to delete variances for current orders and orders in the future for this resident and all other residents in this facility. PRN orders for this resident and all other residents in this facility will have a <u>clear direction</u> of when dose, time, route, and include side-effect adverse effects for all PRN medications, as well as antipsychotic medication. RP will monitor on a weekly basis, and as necessary. Plan in progress and will be completed in 2-3 weeks.</p>		

and how to administer PRN plus

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05484
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R162	Continued From page 3 for a fractured hip on 1/23/16, and recovering at a skilled nursing facility. There was no readmission statement from the physician that included a medication list, and no past diagnosis list present in the record. He has multiple medications administered by unlicensed staff daily. There is also an order for "Lorazepam 1 mg. tabs. 1/2 tab- 2 half tabs (0.5 -1 mg.) by mouth at bedtime". This dose range has no parameters or guidance to staff as to which dose to administer. This was confirmed by the RN at 2:05 PM. 4. Per record review, Resident #5 also did not have a diagnoses list/problem list signed by the physician present in the record, and is administered multiple medications by unlicensed staff thru a feeding tube. Per review of the MAR, there are irregularities for the route of administration, dosage frequencies, and reasons to administer for five of the medications listed. "Lorazepam 1 mg. Via G-tube three times daily as needed" does not indicate what it is to be used for. The order for "Ibuprofen 100 mg./5 ml. 1-2 teaspoons via tube every 4-6 hours as needed for migraine" has a dosage range and time frequency range with no indicators for staff as to which amount to give. "Tussin 100 mg./5 ml. liquid. 1 teaspoon (5 ml) Via PEG every 6 hours as needed" does not have the reason to administer with the order. "Benefiber Clear Powder. One to two teaspoons via tube 1-3 times a day" has a range of dosage and times, and is incomplete for direction on mixing the powder with liquid before administering. There is also an order for "Diphenhydramine 25 mg. 1/2 tablet- 2 half tablets (12.5 - 25 mg.) BY MOUTH every six hours for itching/ discomfort". Resident # 5 does not take any medications or nutrition by mouth, and this order also has the dosage range with no parameters for unlicensed staff to	R162	admit statement from physician obtained + diagnosis recorded in records of resident → Plan formulated, including new order written by PCP to what dose to administer and how to Deficiency Corrected! New orders in place, all for this resident. PRP's have a clear direction what it is used for, as well as dose, time, and how to prepare powders + liquids. All other residents in this facility will have clear written instructions on how to prepare powders + liquids on scheduled + PRP orders. RT will prepare a document	

by all staff who administer powders + liquid medication and supplements. RT will monitor weekly to monitor plan of care

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R162	Continued From page 4 administer. Per interview on 4/12/16 at 2:25 PM, the Registered Nurse confirmed that Resident #5 does not have a diagnosis/problem list from the physician in the record, that there were dosage and frequency ranges, incorrect route of administration, and no indication for use for the above listed medications that are administered by unlicensed staff.	R162	Deficiencies will be corrected within 1-2 weeks including diagnosis, frequency ranges, and right route of administration. In progress, PCP notified.		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that staff other than a nurse administered PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address or specifies the	R167	R162 Plan of correction accepted 5/26/16. Karen Conroy RN RP will develop a plan for staff that guides them on what behaviors a resident is displaying in order to administer a PRN ^{anti} psychotic drug. It will include desired effect of the medication as well as adverse effect of the medication to monitor when given. It will include direction on how and what to document. All antipsychotic drug scheduled +		

PRN will have a plan developed by RP to follow within the next 3-4 weeks
RP will monitor effectiveness bi-weekly.

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05484		
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R167	Continued From page 5 circumstances that indicate the use of the medication for 3 of 5 residents sampled (Resident #2, #3, and #5). Findings include: 1. Per record review of Resident #2, there is an order on the Medication Administration Record (MAR) that reads "Lorazepam 1 mg. tabs. 1/2 tablet - 2 half tabs (0.5 - 1 mg.) by mouth every 8 hours as needed". There is no indication for use listed, and there is a range of dosage with no parameters that would indicate which dose was appropriate to administer. Per interview on 4/12/16 at 1:45 PM, the Registered Nurse confirmed that this Lorazepam order was to treat seizures, not intended for anxiety issues, and that there was no diagnosis list present or physician order that indicated the intended use of the as needed medication, as well as a dosage range with no parameters indicated. 2. Per record review of Resident #3, there was no diagnosis list present in the chart that would indicate a supporting diagnoses or problem list to correspond to any of the medications administered to the resident by unlicensed staff. Resident #3 had orders on the February 2016 MAR for "Lorazepam 0.5 mg tabs. 2 tabs (1 mg.) by mouth up to twice daily as needed for agitation". There is also an order for "Clonazepam 1 mg. tabs. 1 Tab (1 mg.) by mouth twice daily as needed". There are no indications present in the record to direct staff as to when it would be appropriate to give this medication. On 4/12/16 at 2:00 PM, the Registered Nurse confirmed that there was no diagnosis/problem list in the record that would support the medications administered to Resident #3, and that there is no written plan for staff that contains the required information such as targeted symptoms/behaviors that would direct them as to	R167	R 167. POC accepted 5/26/16 Karen Campos RN Deficiency corrected: MD has corrected order, and is ^{now} stating reason for use of medication, dose, and route. Diagnosis list obtained + updated by MD as of now 5/19/16 Deficiency correction in progress + will be completed in 8-10 days Plan formulated by RN on use of Lorazepam. Staff educated Correction of deficiency in progress pt. record updated by 5/21/16 Plan formulated + staff educated Plan includes what symptoms/behaviors	

to observe by resident before the administration of Lorazepam. RP will monitor adherence of plan by staff once a week or as necessary.

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R167	Continued From page 6 the proper use of the medication. 3. Per record review, Resident # 5 receives all medications by a feeding tube. There is an order for "Lorazepam 1 mg. Via G-tube three times daily as needed", and does not indicate what it is to be given for. There is no written plan to direct staff as to the use of this as needed psychoactive medication. This was also confirmed by the Registered Nurse at 2:05 P.M. that there is no written plan for unlicensed staff for the administration of this medication.	R167	Order clarified by PCP + obtained. Plan written by RN to direct staff on what to observe behavior by resident in order to give psychoactive medication. RN will monitor weekly and as necessary for effectiveness + adherence to plan.		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.	R181	RN will communicate w/ PCP about all other residents to correct deficiencies and update records. In the future the RN and administration will update + correct deficiencies when noted in a timely manner + eliminate unnecessary medical errors.		

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

RIVERVIEW LIFE SKILLS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

197 HIGHLANDER DRIVE
JEFFERSONVILLE, VT 05454

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPL
DATE

R181

Continued From page 7

This REQUIREMENT is not met as evidenced by:
Based on employee file record and staff interview, the home failed to ensure that 3 of 5 staff members responsible for providing direct care to residents did not have a charge of abuse, neglect or exploitation substantiated against them prior to employment.

** This is a repeat deficiency from the last two surveys conducted on 9/2/14 and 5/2/12.
Findings include:

Per review of two recently hired employees, both hired in March of 2016, there was no evidence that Child and Adult abuse registry results were obtained before they had direct contact with residents. During interview on 4/12/16 at 3:40 PM, one of the two facility Managers, who was responsible for conducting employee background checks, confirmed that Abuse Registry background checks results had not returned on the newest current employees prior to their employment, and they had been working directly with residents. The Manager also confirmed that the third employee who had been here for about a year, did not have an Adult Abuse Registry check on file that could be located, although stated that it had been done at hire.

R181

Will use on line background check sites for a faster turnaround with the child & adult abuse registry. (see attached)

No one will be employed at Riverview until they are cleared by the child & adult registry.

Rosemary Harman's background check results were misread. Sent form in for recheck.

Charles Emerton will follow up and monitor

bi monthly to make sure all HR paperwork is up to date.

R181 POC accepted

5/26/16

Raven Campos RN



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dlp.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 28, 2016

Charles Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

The Division of Licensing and Protection completed a re-licensing survey at your facility on April 12, 2016. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than May 11, 2016.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

Main office
802-241-0480 0343
w/ Chuck Siskine

Developmental Disabilities Services
Licensing and Protection

Adult Services

Blind and Visually Impaired
Vocational Rehabilitation

You may also request an informal review of all or part of the contents of the notice at any time prior to **May 11, 2016** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802) 241-0480. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 241-2401.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **May 11, 2016**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at (802) 241-0480 if you have any questions.

Sincerely,

Pamela M. Cota, RN

Pamela M. Cota, RN
Licensing Chief